

# BOARD OF BARBERS & COSMETOLOGISTS RENEWAL APPLICATION FOR SALONS

[www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)

[dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)

PO Box 200513

301 S. Park Ave. Fourth Floor

Helena, MT 59620

|                |                 |
|----------------|-----------------|
| SALON NAME:    | SALON LICENSE#: |
| ADDRESS:       |                 |
| CITY/STATE/ZIP |                 |

Your Montana Salon license expires on July 1 each year

|   |
|---|
| Fee: \$50.00 <input type="checkbox"/> Salon |
|---|

To renew your license:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Make check payable to the Board of Barbers & Cosmetologists.
- 4) Please refer to the table above for the correct amount for your renewal.
- 5) Renewals postmarked after July 1 will be assessed a penalty fee of \$75.00 in addition to your renewal fee.
- 6) Sign the renewal application.
- 7) Return the renewal application and fee to the Board office postmarked by July 1.
- 8) A renewal that has been returned to a licensee from the Board office for any reason must be postmarked by July 1 to avoid paying a late fee.

Please provide the following information for the Board's records:

|                        |
|------------------------|
| Work Telephone Number: |
| Home Telephone Number: |
|                        |

**Incomplete or unsigned renewal applications will not be processed and will be returned.**

☐ Yes ☐ No Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature:

Date: